

# COOPERATIVE DRIVER TESTING PROGRAM (CDTP)

## THE APPLICATION FORM

Once the applicant has filled out the application form (21-1400A), go over each field to see if the proper information was entered. Please fill out the form in **BLACK** ink.

### SECTION I

<b>I. All Applicants – Complete Front Side Only</b>					Driver License/ID Card Number		State		Social Security Number	
Full Legal Name Required <b>-Please Print in Black Ink Only -</b>										
Last Name			First Name			Middle Name			Suffix ( <i>Jr., Sr., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></i> )	
Date of Birth (mm/dd/yy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Eye Color	Weight	Height	Hair Color	Are you a Montana Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current Mailing Address					City			State	Zip Code	
Current Residential Address				City			State	Zip Code	County	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Place of Birth:		City			State/Province/Country			
<b>II. Please check the type of document for which you are applying:</b> <input type="checkbox"/> Driver License <input type="checkbox"/> Motorcycle Endorsement <input type="checkbox"/> Replacement License										

1 – **Applicant's Name** The full legal name must be recorded as shown on proper identification documents. On the backside of application (area #2) indicate type of identification document presented [birth certificate (BC), passport (PP), Montana Identification Card (MTID), etc.].  
**Please stress to students that they need to bring their certified copy of their birth certificate to the exam station.**

2 – **Social Security Number** It is not mandatory that you record the applicant's social security number, as it will be checked at the Driver License Exam Station. If you do, check the number given from the applicant's social security card and put a "Y" after the number to show you verified it. If taken verbally or it is already on the application, but you don't see the card, DO NOT put a "Y".

**Please stress to students to bring the social security card to the exam station.**

3 – **Date of Birth** Date of birth must match with the document used for identification. If it does not, refer the applicant to the licensing station.

**Do not proceed if applicant is not 14½ years of age.**

#### 4 – **Applicant Description**

- Sex – put an "X" in appropriate box to indicate sex
- Eye Color – enter actual color (blue, brown, ect.) be sure it doesn't just show "B"
- Hair Color – enter natural color (blue, black, blond, red, etc.)
- Weight – actual weight (120, 165, etc.)
- Height – enter in feet and inches (5'6", 6'0", etc.)

5 – **Montana Resident** Appropriate box needs to be marked to indicate if student is currently a Montana resident or not.

6 – **Current Mailing Address** Enter the full Montana mailing address.

7 – **Current Residency Address** Enter only if different than mailing address or if the mailing address is a PO Box or Rural Route (for emergency contact location).

**Proof of Residency will be required at time of Licensure.**

8 – **United States Citizenship and Place of Birth** Complete as accurately as possible.

9 – **Type of document applying for** “Driver License” box should be marked for driver education students.

## SECTION II

### II. Driver License Applicant

In the past 10 years, have you held a valid driver license or commercial driver license from any jurisdiction (state) other than Montana? If yes, please list all states: \_\_\_\_\_

☐ Yes ☐ No

Has your driver license or privilege to drive ever been suspended, revoked, cancelled, disqualified, or withdrawn by another state or jurisdiction? \_\_\_\_\_

☐ Yes ☐ No

Do you suffer from any chronic or potentially chronic condition that may cause a loss of consciousness or control? \_\_\_\_\_

☐ Yes ☐ No

Do you have any physical or mental condition that impairs or may impair your ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? \_\_\_\_\_

☐ Yes ☐ No

Do you rely on any adaptive equipment or operational restrictions to attain the ability to exercise ordinary and reasonable control in the safe operation of a motor vehicle on the highway? \_\_\_\_\_

☐ Yes ☐ No

**All questions in Section II must be answered by marking appropriate box with an “X”.  
If any of them are marked “Yes”, other than the first one, send the student to the exam station.**

**SECTION III** Not required to be completed.

## SECTION IV

### IV. Minor Applicant:

I certify under penalty of law that the above information and answers are true and correct. I understand that any false or misleading statement on my application may result in criminal prosecution, cancellation of any license or card issued and/or my disqualification for a period of 60 days.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant must sign and date application. The above statement is an “unsworn falsification to authorities” and eliminates the need for a notary for the applicant’s signature.

**Be advised that license will be cancelled if information on application is incorrect or incomplete.**

This lower portion of form 21-1400A must be filled out if applicant is less than 18 years of age.

## SECTION V

### V. Parental Consent for a Minor

I certify that as a parent or legal guardian of the above named minor applicant, I consent to the issuance of a driver license to the minor applicant and assume obligation imposed under Montana Code Annotated § 61-5-108.

Signature:  
e:

Date:

A parent must sign unless they are unavailable. A parent is considered unavailable if:

- they reside in another state,
- they are hospitalized with extended illness, or
- they are incarcerated

A stepparent may sign if the child was legally adopted.

This portion of the form must be signed in the presence of a notary or authorized department employee and recorded in Section VI.

## SECTION VI

### VI. Notarization or Verification of Parent Signature

Parent Signature Verified by me on \_\_\_\_\_ Signature of MVD Employee: \_\_\_\_\_ Or,

Subscribed and affirmed before me on (date): \_\_\_\_\_ Notary Signature: \_\_\_\_\_

County of: \_\_\_\_\_ Printed Name: \_\_\_\_\_

State of: \_\_\_\_\_ Title and Rank: \_\_\_\_\_

(SEAL)

Notary for the State of: \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Driver education instructor is considered an authorized department employee and can verify parent's signature. Instructor must complete the following:

- 1 – Date parent's signature was verified.
- 2 – Signature of driver education instructor.
- 3 – Printed name of instructor with "DEI" (driver education instructor) written after name.

**IF NO SIGNATURE APPEARS, THE APPLICANT MUST BE PROCESSED AT THE EXAM STATION!**

## **BACKSIDE OF APPLICATION**

<b>APPLYING FOR:</b> <input type="checkbox"/> Original <input type="checkbox"/> Replacement <input type="checkbox"/> Upgrade <input type="checkbox"/> Class D <input type="checkbox"/> Motorcycle Endorsement (MC)				License Number: _____																			
Date: _____    Fees Received: _____			<b>Documents Reviewed:</b> Authorized Presence Doc: _____    Primary ID Doc: _____																				
Receipt #: _____    Special handling: _____			<input type="checkbox"/> PDPS    Secondary ID Doc: _____																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>VISION TEST:</b></td> <td style="width: 15%;">Left</td> <td style="width: 15%;">Right</td> <td style="width: 15%;">Both Eyes</td> <td style="width: 20%;">Color Perception</td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Present    <input type="checkbox"/> Absent         </td> </tr> <tr> <td>Without Glasses</td> <td>20 /</td> <td>20 /</td> <td>20 /</td> <td></td> <td></td> </tr> <tr> <td>With Glasses / Contacts</td> <td>20 /</td> <td>20 /</td> <td>20 /</td> <td></td> <td></td> </tr> </table>						<b>VISION TEST:</b>	Left	Right	Both Eyes	Color Perception	<input type="checkbox"/> Present <input type="checkbox"/> Absent	Without Glasses	20 /	20 /	20 /			With Glasses / Contacts	20 /	20 /	20 /		
<b>VISION TEST:</b>	Left	Right	Both Eyes	Color Perception	<input type="checkbox"/> Present <input type="checkbox"/> Absent																		
Without Glasses	20 /	20 /	20 /																				
With Glasses / Contacts	20 /	20 /	20 /																				
<b>HEARING TEST:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Check if wearing hearing aid				<b>General Physical Condition:</b> _____																			

1 - **Special handling** Note here if another method of testing is used other than pencil and paper (i.e. oral).

2 - **Identification document presented** Indicate the type of identification document presented.

3 - **Vision Test – (Use Snellen Eye Chart)**

The three parts of the vision test must be recorded in this part of the form: LEFT, RIGHT, and BOTH EYES together. Enter “P” for pass or “F” for fail.

Use the WITHOUT GLASSES line if the applicant does not wear glasses or contacts or if they take off their glasses to take the test.

Use the WITH GLASSES/CONTACTS line if the applicant was tested with either glasses or contacts. Will need to be restricted to Corrective Lenses (see area #8, “Restrictions”).

If contacts were used, circle the word CONTACTS.

If applicant passes with only one eye, mark “P” for pass in that area and “F” for fail in the appropriate area.

If applicant passes the vision test with one eye but fails with the other eye, they can still be issued a TELL if they pass using both eyes together. Those applicants must then be restricted to LEFT OUTSIDE MIRROR (see area #8, “Restrictions”).

If the applicant fails the vision screening, DO NOT ISSUE ANY TYPE OF TEMPORARY OR LEARNER’S LICENSE. Refer them to the exam station.

**Note: A student may still be allowed to take the written test if the vision screening is unsuccessful, but will not be issued a TELL.**

4 - **Hearing Test** If applicant is wearing a hearing aid or has poor hearing, they must be restricted to LEFT OUTSIDE MIRROR (see area #8, “Restrictions”).

5 - **General Physical Condition** If applicant’s physical condition appears normal, list it here as “GOOD”.

List any physical disability (missing fingers or limbs) and do not waive applicant from skills test (must be tested by DOJ examiner).

## **ADMINISTERING THE WRITTEN TEST**

### - Instructing the Applicant

Issue the student one of the written tests (CDTP-1 through CDTP-5). The following procedures must be followed when taking the written test. Instruct the applicant:

- Select only one answer by marking an “X” on the answer sheet.
- Sign the answer sheet.
- No talking permitted
- No use of books or notes
- When finished, give the test and the answer sheet to the instructor.
- Students are allowed to miss six (6) questions and still pass.

### - Grading the Written Test

Use RED ink to mark INCORRECT answers.

Using the test overlay, mark any answer that is not correct.

Do not mark the question if it is answered correctly.

Students are allowed to miss six questions and still pass. Each question is worth three points (82% required to pass).

### 6 - Knowledge Testing Results Record written test results.

1-Date – date of exam

2-Type – mark “DL” box with an “X”

3-Examiner - Instructor’s last name and school

4-Score/Set # - mark “Paper” box with an “X” and write passing score in BLACK ink (82% or above) or failing score in RED ink (anything below 82%). Record test number used (CDTP1-CDTP5)

<b>DRIVER LICENSE (Class D) or MOTORCYCLE (MC):</b>				
<b>Knowledge Testing Results</b>				
	Date:	Type:	Examiner:	Score / Set #:
1		<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
2		<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
3		<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
<b>Permit Issued:</b> <input type="checkbox"/> Learner License <input type="checkbox"/> Traffic Education Learner License <input type="checkbox"/> Motorcycle Learner's License				
<b>Skills Testing Results</b>				
	Date:	Type:	Examiner:	Score:
1		<input type="checkbox"/> DL <input type="checkbox"/> MC		
2		<input type="checkbox"/> DL <input type="checkbox"/> MC		
3		<input type="checkbox"/> DL <input type="checkbox"/> MC		

If student fails written test at school and takes second test at exam station, permit expiration date will be 6 months from date of first test.

The instructor will be allowed to give NO more than 3 written tests. After 3 unsuccessful attempts, the student must report to an exam station and pay the appropriate fees to retest.

7 – **Permit Issued** If written test is passed by applicant and a TELL is issued; mark an “X” in the Traffic Education Learner License box.

8 – **Restrictions** If applicant has any restrictions (Corrective Lenses, Left Outside Mirror, Hearing Aid, Adaptive Equipment, etc.), mark appropriate box or specify under “Other”.

<b>DRIVER LICENSE (Class D) or MOTORCYCLE (MC):</b>				
<b>Knowledge Testing Results</b>				
	Date:	Type:	Examiner:	Score / Set #:
1		<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
2		<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
3		<input type="checkbox"/> DL <input type="checkbox"/> MC		<input type="checkbox"/> Auto <input type="checkbox"/> Paper
<b>Permit Issued:</b> <input type="checkbox"/> Learner License <input type="checkbox"/> Traffic Education Learner License <input type="checkbox"/> Motorcycle Learner's License				
<b>Skills Testing Results</b>				
	Date:	Type:	Examiner:	Score:
1		<input type="checkbox"/> DL <input type="checkbox"/> MC		
2		<input type="checkbox"/> DL <input type="checkbox"/> MC		
3		<input type="checkbox"/> DL <input type="checkbox"/> MC		
<b>License / ID Issued:</b> <input type="checkbox"/> Driver License <input type="checkbox"/> MC Only				
<b>Endorsements:</b> <input type="checkbox"/> Motorcycle				
<b>Restrictions:</b>				
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> CL – Corrective Lenses</div> <div style="width: 25%;"><input type="checkbox"/> RS – 45-55 MPH</div> <div style="width: 25%;"><input type="checkbox"/> SC – To/From School</div> <div style="width: 25%;"><input type="checkbox"/> RA – Restricted Area</div> <div style="width: 25%;"><input type="checkbox"/> LM – Left Outside Mirror</div> <div style="width: 25%;"><input type="checkbox"/> NI – No Interstate</div> <div style="width: 25%;"><input type="checkbox"/> BU – To/From Bus</div> <div style="width: 25%;"><input type="checkbox"/> NR – No Recreational (Driving)</div> <div style="width: 25%;"><input type="checkbox"/> DO – Daylight Only</div> <div style="width: 25%;"><input type="checkbox"/> PV – Provisional</div> <div style="width: 25%;"><input type="checkbox"/> OC – Occupational</div> <div style="width: 25%;"><input type="checkbox"/> EO – Essential Only</div> <div style="width: 25%;"><input type="checkbox"/> NW – No Inclement Weather</div> <div style="width: 25%;"><input type="checkbox"/> AT – Automatic Transmission Only</div> <div style="width: 25%;"><input type="checkbox"/> Other (specify):</div> </div>				
<b>Examiner:</b>				<b>Date:</b>

CDTP instructors will only mark restrictions in the “License/ ID Issued” section. The bottom half of the backside of application is also reserved for Motor Vehicle Division staff only.